

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09142

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge R.F.D. Md.

94a

Registration Dist. No. II 6

X

St. X Ward

No. X

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. X mos. X ds. How long in U.S. if of foreign birth? X yrs. X mos. X ds.

2. FULL NAME William A. Abbott.

(a) Residence: No. Cambridge, R.F.D. Md.

St. X Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| Male | White | Married |

5e. If married, widowed, or divorced
HUSBAND or
(or) WIFE of Lavenia Thomas.

6. DATE OF BIRTH (month, day, end year) 3/20/1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| 54 | 5 | 28 | | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) 9/1/1933. 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Dorchester County
(State or country) Md.

13. NAME William Henry Abbott.

14. BIRTHPLACE (city or town) Dorchester County
(State or country) Md.

15. MAIDEN NAME Susan Elliott.

16. BIRTHPLACE (city or town) St. Mary's County
(State or country) Md.17. INFORMANT Mrs. Lavenia Abbott.
(Address) Cambridge R.F.D. Md.18. BURIAL, CREMATION, OR REMOVAL
Place East New Market Md., Date 9/20/34.19. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Maryland.20. FILED 9-20-1934 Dr. G. E. M. M. D.
(Signed) Registrars
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 18th, 1934

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive on Sept. 18, 1934; death is said to have occurred on the date stated above, at 7:25 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris Date of onset Jan 1934

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.

(Signed) _____

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09143

1. PLACE OF DEATH

County

Dorchester

(119)

Registration Dist. No.

116

Village or City

Cambridge, Md

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

1934 Washington Cambridge, 2 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

Caucasian

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
1 day, _____ hrs.
or _____ min.

10 1 9

Aug 6 1934

11. Total time (years)
spent in this
occupation

now now

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Sept 11, 1934

19. UNDERTAKER

(Address)

20. FILED

9-11, 1934 H. G. Liebert, Clerk

Registrar

21. DATE OF DEATH

September 10, 1934 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

September 9, 1934, to Sept 10, 1934

I last saw him alive on September 9, 1934; death is said

to have occurred on the date stated above, at 2:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Contusion
InhalationDate of onset
9-6-34

9-6-34

Other Contributory Causes of importance:

Name of operation now Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. G. L. M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|--------------------------|
| Arteriosclerosis | OCT 4 1921 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | SURGICAL V. July 5, 1927 |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09144

1. PLACE OF DEATH

County Hancock

93c

Registration Dist. No. 110Village or City Hurlock

St.,

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elgin Andrews

6. DATE OF BIRTH (month, day, and year)

April 11, 1850

7. AGE

Years 84Months 4Days 23If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Retired Farmer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME

Stephen Andrews

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Rebecca Barcroft

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT
(Address)

Oliver Andrews

18. BURIAL, CREMATION, OR REMOVAL

Place Hurlock Date Sept 6, 193419. UNDERTAKER
(Address)

F. B. Willoughby

20. FILED

Sept. 6, 1934 Chas. W. Hastings

Regis...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9
(Month)4
(Day)1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1st, 1934, to Sept 4, 1934; death is said

to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Myocarditis & Senility

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Roger Myers M. D.
(Address) Hurlock Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | Oct. 6 1931 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09145

1. PLACE OF DEATH

County Dorchester Co
Village or City Hurlock

151-C

Registration Dist. No. 110

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Bill Edwards Askew

(a) Residence: No.

Cabin Creek Section Hurlock District

(Usual place of abode) Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|--------------------------|--|
| 3. SEX Male | 4. COLOR OR RACE colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant |
|-------------|--------------------------|--|

6a. If married, widowed, or divorced
HUSBAND OF (or) WIFE OF Infant

6. DATE OF BIRTH (month, day, and year) Sept 9 1934

7. AGE Years 0 Months 0 Days 4 If LESS than
1 day, hrs. or min. X

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | none |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | none |
| 10. Date deceased last worked at this occupation (month and year) | none |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) Hurlock, Md

Cabin Creek Section

Joseph Askew

14. BIRTHPLACE (city or town)
(State or country) North Carolina

Sarah B. Boston

16. BIRTHPLACE (city or town)
(State or country) Caroline Co., Md

Edith Maddow

Hurlock, Md - R.D.

18. BURIAL, CREMATION, OR REMOVAL

Place John's Cemetery Date Sept 15 1934

19. UNDERTAKER Joseph Askew father

(Address) Hurlock, Md #11

20. FILED Sept 15, 1934 Chas W. Hastings

Registrat.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 14

(Month)

(Day)

193 4
(Year)

22. I HEREBY CERTIFY, That I attended deceased from was called in to deceased, who was dead when death is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Non closure of foramen Ovale

Date of onset X

Other Contributory Causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____ X

Nature of injury _____ X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. B. Mardens M. D.
(Address) Preston, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmen and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|--------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | OCT 6 1934 | Date of onset | 1915 |
| Chronic interstitial nephritis | | | 1921 |
| Cerebral hemorrhage | WILLIAM V. S. | | July 5, 1927 |
| | | | |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09146

1. PLACE OF DEATH

County Dorchester Co
 Village or City Kambridge and

173

Registration Dist. No.

116

St. _____ Ward _____

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4 Dougles

(Usual place of abode)

St. 2 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofWilliam Bordley
Widow

6. DATE OF BIRTH (month, day, and year)

Jan. 5, 1893.

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

41

8

8

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Sept 13
193411. Total time (years)
spent in this
occupation2 yrsHouse Work12. BIRTHPLACE (city or town)
(State or country)Kambridge

MOTHER / FATHER

13. NAME

Charlotte M. Gause14. BIRTHPLACE (city or town)
(State or country)Kambridge

15. MADIOEN NAME

Mary E. Sharp16. BIRTHPLACE (city or town)
(State or country)Talbot Co

17. INFORMANT

(Address)

Kambridge and

18. BURIAL, CREMATION, OR REMOVAL

Place

Cath. Church

Date

Sep 16, 1934

19. UNDERTAKER

(Address)

Lewis H. Benner

20. FILED

(Address)

Kambridge and

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

September 13th
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

8:00 pm Sep 13 1934, to 8:00 am Sep 14 1934; death as said.I last saw him alive on 8:00 am Sep 13 1934; death as said.to have occurred on the date stated above, at 8:00 am.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Revolver shot thru
round of neck
bending fracture of
vertebrae

Other Contributory Causes of Importance:

PoisonName of operation None Date of Done

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Assault, suicide, or homicide Date of injury Sep 13th 1934Where did injury occur? (Specify city or town, county and State)
At home

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

At homeManner of Injury Fracture of cervical vertebraeNature of Injury from Revolver shot wound

24. Was disease or injury in any way related to occupation of decedent?

If so, specify None(Signed) John J. Gause M. D.(Address) 2411 N. Charles Street

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|---------------|
| Arteriosclerosis | Date of onset |
| Chronic interstitial nephritis | 1915 |
| Cerebral hemorrhage | 1921 |

RECEIVED

86-1184

| | |
|--|--|
| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--|
| Other contributory causes of importance: | Other contributory causes of importance: |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09147

1. PLACE OF DEATH

County Dorchester

Village or City Reeds Grove

(48)

Registration Dist. No. 112.

St.

Ward

Length of residence in city or town where death occurred 20 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Brinsfield

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|------------------------|--|
| 3. SEX Female | 4. COLOR OR RACE White | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married |
|---------------|------------------------|--|

5a. If married, widowed, or divorced
 , HUSBAND of Julian B. Brinsfield
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 2, 1881

| | | | |
|-----------------|----------|---------|--|
| 7. AGE Years 53 | Months 5 | Days 28 | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|----------|---------|--|

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |
| | House wife |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME John Murphy

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Rebecca Rhodes

16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Julian B. Brinsfield
(Address) Reeds Grove, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brookview, Date Oct 2, 1934

19. UNDERTAKER W.D. Gravenor & Bro,
(Address) Sharptown, Md.20. FILED Oct 6, 1934 Elizabeth G. Brinsfield
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept

30th

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 1934 to Sept 22, 1934; death is said
 I last saw him alive on Sept 22, 1934; death is said
 to have occurred on the date stated above, at 5 P.M.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance
 were as follows:

Gastricomy Uterus
 Sept. of Brain

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Brinsfield
 (Address) H. S. Brinsfield
 H. S. Brinsfield
 H. S. Brinsfield

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09148

116

Ward

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City CambridgeLength of residence in city or town where death occurred 3 yrs 3 mos 9 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

97

Registration Dist. No.

No. Eastern Shore State Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Katherine Brown

(a) Residence: No. Salisbury, Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------|--------------------|--|
| 3. SEX F | 4. COLOR OR RACE W | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
|----------|--------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Orlando Brown

6. DATE OF BIRTH (month, day, and year) November 2, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| 77 | 10 | 25 | | |

| | | | |
|------------|---|-------------|------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Housekeeper | Date of onset |
| X | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Own Home | About 5 yrs. ago |
| | 10. Date deceased last worked at this occupation (month and year) | Unknown | |

12. BIRTHPLACE (city or town) Parsonsburg
(State or country) Md.

13. NAME William Brown

14. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

15. MAIDEN NAME (Unknown) Brown

16. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

17. INFORMANT E.S.S. Hospital Records

(Address) Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Grove Cemetery Date Sept. 27, 193419. UNDERTAKER Wm. Howard Weller
(Address) Pittsville, Md.20. FILED 9-27-34 Dr. G.E. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 27, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to September 27, 1934

I last saw her alive on Sept. 27, 1934; death is said to have occurred on the date stated above, at 1:40 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis

About 5 yrs. ago

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Charles L. LaFeverre M.D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis *RECEIVED* 1915

Chronic interstitial nephritis 1921

Cerebral hemorrhage *Q.D. 1 1921* July 5, 1927

Date of onset

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09149

1. PLACE OF DEATH

County Dorchester

Registration Dist. No. 111

Village or City East New Market

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Brown

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|--|
| Male | Colored | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| | | | | |

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | |

| | |
|---|-----|
| 12. BIRTHPLACE (city or town) (State or country) | Md. |
|---|-----|

| | |
|---|----------------|
| 13. NAME | Benjamin Brown |
| 14. BIRTHPLACE (city or town) (State or country) | Del. |

| | |
|---|--------------|
| 15. MAIDEN NAME | Maud Cornish |
| 16. BIRTHPLACE (city or town) (State or country) | Md. |

| | |
|--|--|
| 17. INFORMANT (Address) | Benjamin Brown East New Market, Md. |
| 18. BURIAL, CREMATION, OR REMOVAL Place | East New Market Date Sept. 28, 1934 |

| | |
|--|-----------------------------------|
| 19. UNDERTAKER (Address) | Benjamin Brown East New Market |
| 20. FILED Sept. 28, 1934 H. E. Parker Registrar | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 28, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

STILLBORN

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Parker
(Address) East New Market

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:-

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE IN, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County Dorchester

Village or City near Hurlock (No.)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

119

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

William Christopher

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

April 12, 1934
(Month) (Day) (Year)

7 AGE

..... yrs. 5 mos. 2 ds. or min. ?

If LESS than
1 day.... hrs.
.....

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....
(b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE

(State or country) Md.

PARENTS

10 NAME OF FATHER

Harry Christopher

11 BIRTHPLACE OF FATHER

(State or country) Md.

12 MAIDEN NAME OF MOTHER

Minnie Jester

13 BIRTHPLACE OF MOTHER

(State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Christopher

(Address) Hurlock, Md.

15

Filed Sept. 15 1934 Chas. W. Hastings
Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 14, 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Sept 1 1934 to Sept 14 1934

that I last saw him alive on Sept 13 1934

and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH was as follows:

Deceased & ended his life

..... (Duration) yrs. mos. 18 ds.

Contributory
Secondary

Unproper management

..... (Duration) yrs. mos. ds.

(Signed) L. G. Dawson M. D.

192. (Address).

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place
of death yrs. mos. da.

In the
State yrs. mos. da.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Funeral home Md. Sept. 15 1934

DATE OF BURIAL

20 UNDERTAKER

F. B. Willoughby ADDRESS
Hurlock, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MANS OR INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
OCT 6 1934
DEPT. OF COMMERCE

STATE OF MARYLAND—CERTIFICATE OF DEATH

09151

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

Registration Dist. No.

116

No. Eastern Shore State Hospital St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. 11 mos. 27 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Cole

(a) Residence: No. Almshouse, Wicomico County, MdSt., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | White | Married |

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) ~~Unknown~~ 2/15/1872

| | | | |
|--------------|--------|------|--|
| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
| About 62 | 7 | 14 | |

| | |
|--|--|
| OCCUPATION 11 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Unknown |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Unknown |
| 10. Date deceased last worked at this occupation (month and year) Unknown | 11. Total time (years) spent in this occupation Unknown |

12. BIRTHPLACE (city or town)
(State or country) Deal's Island Maryland

| | |
|---|--------------------|
| MOTHER FATHER 13. NAME | Thomas Cole |
| 14. BIRTHPLACE (city or town) (State or country) | Unknown England |

| | |
|---|---------------------------------|
| 15. MAIDEN NAME | Louise Gibson |
| 16. BIRTHPLACE (city or town) (State or country) | Unknown Wicomico County, Md. |

17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.18. BURIAL, CREMATION OR REMOVAL
Place: ~~E.S.S. Hospital~~ Grounds Date Oct. 1st, 193419. UNDERTAKER ~~Garrison & LeCompte~~
(Address) Cambridge, Maryland20. FILED Oct. 1, 1934 At E. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 29, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to September 29, 1934.

I last saw her alive on September 29, 1934; death is said to have occurred on the date stated above, at 3:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

2 yrs.

ago

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) *Charles L. Sherrill* M.D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| | | |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|------------|--|-------------|
| Gallstones | | May 1, 1923 |
| | | |
| | | |
| | | |
| | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|-----------------|--|--------|
| Gastroenteritis | | 1 year |
| | | |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09152

1. PLACE OF DEATH

County Dorchester _____
 Village or City Cambridge _____

Length of residence in city or town where death occurred years mos. ds. How long in U.S. If of foreign birth? years mos. ds.

2. FULL NAME Frances Brighten

(a) Residence: No. _____ St., _____ Ward.
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|-------------------------------|---|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> | | |
| 5a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF <u>single</u> | | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Sept. 3, 1934</u> | | | | |
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____.hrs. or _____.min. |
| <u>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.</u> <u>None</u> | | | | |
| <u>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</u> <u>—</u> | | | | |
| 10. Date deceased last worked at this occupation (month and year) <u>Nov. 4 all</u> | | | 11. Total time (years) spent in this occupation <u>1/2 yr</u> | |
| 12. BIRTHPLACE (city or town) (State or country) <u>W.M.</u> | | | | |
| 13. NAME <u>Frances Brighten</u> | | | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>W.M.</u> | | | | |
| 15. MAIDEN NAME <u>Mildred Kirby</u> | | | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>W.M.</u> | | | | |
| 17. INFORMANT (Address) <u>Mildred Brighten</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Cam. Md. Hosp.</u> Date <u>9-3</u> , 19 <u>34</u> | | | | |
| 19. UNDERTAKER <u>undertaker of Cambridge</u> (Address) <u>Cambridge Md.</u> | | | | |
| 20. FILED <u>9-3</u> , 19 <u>34</u> by <u>Gilbert Hulse</u> Registrar. | | | | |

Registration Dist. No. 116 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 3, 1934 (Month) (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw h. in alive on dead, 1934; death is said to have occurred on the date stated above, at 2 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

9 months natural abortion

Date of onset _____

Other Contributory Causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1934
 Where did injury occur? _____
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Gas State
 (Signed) Ca. Gas State
 (Address) Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| |
|------------|
| Gallstones |
| |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset |
|------------------------|
| Attack of epilepsy |
| Run over by street car |
| Peritonitis |

Other contributory causes of importance:

| |
|-----------------|
| Gastroenteritis |
| |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09153

1. PLACE OF DEATH

County PoersterVillage or City Fishing Creek

Length of residence in city or town where death occurred

yrs. No. _____ St. _____ Ward. _____

mos. No. _____ St. _____ Ward. _____

ds. How long in U.S. if of foreign birth? yrs. _____ mos. _____

2. FULL NAME Silie Bonny Bryant Creighton

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------|-------------------------------|--|
| 3. SEX <u>Unknown</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>singer</u> |
|-----------------------|-------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) September 19 1934

| | | | | |
|---------------------------|-------|--------|------|--|
| 7. AGE <u>Silie Bonny</u> | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---------------------------|-------|--------|------|--|

OCCUPATION

| |
|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u></u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u> |
| 10. Date deceased last worked at this occupation (month and year) <u></u> |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Maryland13. NAME Lehman W. Creighton
FATHER14. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Maryland15. MAIDEN NAME Rida Ellen Parks16. BIRTHPLACE (city or town)
(State or country) Applegarth, Maryland17. INFORMANT Rida Creighton
(Address) Fishing Creek, Md18. BURIAL, CREMATION, OR REMOVAL
Place Fishing Creek, Md Date Sept. 20, 193419. UNDERTAKER Lehman Creighton
(Address) Fishing Creek, Md20. FILED Sept. 20, 1934 by J. M. C. Meade
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 19(Month) Sept. (Day) 19 (Year) 1934

22. I HEREBY CERTIFY. That I attended deceased from

Silie Bonny, 19, 10, 1934; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Frematum Birth
Seid Wero gest.
3 1/2 m.o.

Date of onset

Other Contributory Causes of importance:

unknown

Name of operation _____ Data of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. M. C. Meade M.D.(Address) Fishing Creek, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09154

1. PLACE OF DEATH

County Rochester
Village or City Secretary

(53)

Registration Dist. No. 11Length of residence in city or town where death occurred yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St., Ward

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> |
|--------------------|-------------------------------|---|

5e. If married, widowed, or divorced

HUSBAND of (or) WIFE of Wm. Harkick

6. DATE OF BIRTH (month, day, end year)

| | | | |
|------------------------|--------|------|--|
| 7. AGE <u>68</u> Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|--------|------|--|

| | | | |
|--|--|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|--|--|---|---|

12. BIRTHPLACE (city or town)
(State or country)13. NAME John Harkick14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME "16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Pleas

Secretary

Date Sept 15 1934

19. UNDERTAKER

(Address)

20. FILED

Sep 11 1934 - H. E. Parker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9 (Month) 13 (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

9/5, 1934, to 9/13, 1934; death is said
I last saw him alive on 9/12 1934, 1934; death is said
to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia of abdominal origin, Primary seat: unknown.
Duration: approximately three years.
abdominal mass of medium size &
stationary.

Other Contributory Causes of importance:

Physician only saw patient twice. His visits
were about one week apart just preceding
his death.

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

E. Roger Mayers
Harkick M.D.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1923 |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| RECEIVED | |
|--------------------------------|-----------------------|
| | OCT 4 1931 |
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| Other contributory causes of importance: | Other contributory causes of importance: | |
|--|--|-----------------|
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | 1 year |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09156

1. PLACE OF DEATH

County Dorchester,

Village or City Williamsburg,

Length of residence in city or town where death occurred

No.

Registration Dist. No.

110

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

95-8

2. FULL NAME Emma F. Hill,

(a) Residence: No. Williamsburg, Md.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female, White.

Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Benjamin S. Hill, dec'd.

6. DATE OF BIRTH (month, day, and year) Sept. 16th. 1856

7. AGE Years Months Days If LESS than
77 II 18 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 17th. 1934 11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME Thomas Dean, (MOTHER) FATHER

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

15. MAIDEN NAME Elizabeth Marine, (MOTHER) FATHER

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Mrs Edith Lynn, (Address) Williamsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date Sept. 6th, 1934

19. UNDERTAKER J. T. Frampton & Son. (Address) Federalsburg, Md.

20. FILED Sept. 3, 1934 Chas W Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 4th, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 8, 1934, to Sept. 2, 1934. I last saw her alive on Aug. 22, 1934; death is said to have occurred on the date stated above, at 9-30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Vasculitis, 1931
Dropsey, 1934
Marked arteriosclerosis
Other Contributory Causes of importance: Cerebral Hemorrhage Aug. 15Name of operation N.W. Date of
What test confirmed diagnosis Stys Fendings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify W. G. Frampton

(Signed) M. D.

(Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | QST 6 1921 | 1921 |

Other contributory causes of importance:

| | | |
|------------|-------------|--|
| Gallstones | May 1, 1923 | Other contributory causes of importance: |
| | | Gastroenteritis |
| | | 1 year |
| | | |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 1 week ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09157

1. PLACE OF DEATH

County

Dorchester

JOB

Registration Dist. No.

20110

Village or City

Hawthorne

St.

Ward

Length of residence in city or town where death occurred

17 yrs. 7 mos. 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Mary Lizzie Hodges

St. Ward.

Marion Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|--|
| Female | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| 17 | 2 | 13 | 0 | |

July 1-1917

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Canning house |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Oyster shucker |
| 10. Date deceased last worked at this occupation (month end year) | 11. Total time (years) spent in this occupation |
| | |

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFIRMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Branch Cemetery Date: Sep 18, 1934

19. UNDERTAKER
(Address)

20. FILED

9/18 1934 Guelia P. Lawrence

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9 (Month) 15 (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

9/13, 1934, to 9/15, 1934; death is said

I last saw her alive on 9/14, 1934; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Labor Pneumonia
+ Pleurisy

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. Roger Myers

M. D.

(Address) Hawthorne Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|--------------------|---------------|
| Arteriosclerosis | RECEIVED BUREAU | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | | 1921 |
| | | July 5, 1927 |
| | | |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|------------|--------------------|---------------|
| Gallstones | RECEIVED BUREAU | Date of onset |
| | | May 1, 1923 |
| | | |
| | | |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 1 week ago |
| | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09158

1. PLACE OF DEATH

County

Dorchester Co

Village or City

Cambridge and

(3)

Registration Dist. No.

116

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Cambridge and

St., Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

Color

Single

If married, widowed, or divorced
HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 8 1934

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

Stillborn

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Cambridge

Dorchester

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09159

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County DorchesterVillage or City Andrews (No.)

2 FULL NAME

Thomas Qualee

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Married

6 DATE OF BIRTH

Sept. 17, 1864
(Month) (Day) (Year)

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

Sept 17 1934 Mrs H. J. Qualee
RegistrarSTATE OF MARYLAND
CERTIFICATE OF DEATH

82-a

Registration Dist. No. 114

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 17, 1934
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Sept. 16, 1934 to One week, 1934, that I last saw him alive on Sept. 16, 1934 and that death occurred on the date stated above, at 3 p.m. The CAUSE OF DEATH * was as follows:apoplexyContributory (Duration) yrs. mos. ds.
Cataract Days 5 daysSecondary Death caused by 6 days(Signed) Frank Qualee (Address) CambridgeSept. 17, 1934 (Address) Cambridge

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

Sandy Island Sept 19, 1934

20 UNDERTAKER

Frank Albright ADDRESS Cambridge

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*"); *Diphtheria* (avoid use of "*Group*");

Typhoid fever (never report "*Typhoid Pneumonia*"); *Lobar pneumonia, Bronchopneumonia* ("*Pneumonia,*"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09160

1. PLACE OF DEATH

County Dorchester
Village or City EldoradoRegistration Dist. No. 110

St. _____ Ward. _____

Length of residence in city or town where death occurred 1 yrs. 2 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Charles A. Joyce

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|---------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------------------|---------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Jan 8 1934

| | | | |
|-----------------------|----------------|---------------|--|
| 7. AGE Years <u>8</u> | Months <u></u> | Days <u>1</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------------|----------------|---------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEPEER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME Stanley Joyce14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Mary E. King16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFIRMANT Stanley Joyce
(Address) Eldorado, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Allen Md Date Sept 9, 193419. UNDERTAKER Charles A. Joyce
(Address) Eldorado, Md.20. FILED Sept 9, 1934 Chas W Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9 (Month) 9 (Day), 1934 (Year)22. I HEREBY CERTIFY, That I attended deceased from No times, 1934, to No time, 1934I last saw him alive on 9/9, 1934 death is said to have occurred on the date stated above, about 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

There was no physician attending this child. Removed from delivery and hospital 2 weeks ago, suffered from some form of dysentery from history given by parents.

Other Contributory Causes of importance:

Did not see child until after death. Some form of dysentery from history. No additional information.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Roger Mayers M.D.(Address) Hurlock, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

RECEIVED OCT 6 1927

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

RECEIVED OCT 6 1927

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09161

1. PLACE OF DEATH

County DorchesterVillage or City near WilliamsburgRegistration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Cora Jane Kennedy(a) Residence: No. Williamsburg, Md. R.F.D. St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJoseph Kennedy, dead

6. DATE OF BIRTH (month, day, and year)

Dec. 6th 1880

7. AGE

| | | | |
|-----------|----------|-----------|---|
| Years | Months | Days | IF LESS than 1 day, 1 hr. or... min. |
| <u>53</u> | <u>8</u> | <u>27</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1934 11. Total time (years) spent in this occupation Tife

12. BIRTHPLACE (city or town)
(State or country)Sussex Co.Del.

MOTHER

FATHER

13. NAME Mitchell Williamson14. BIRTHPLACE (city or town)
(State or country)Sussex Co.Del.15. MAIDEN NAME Sarah Alford.16. BIRTHPLACE (city or town)
(State or country)Sussex Co.Del.17. INFORMANT Mrs. Esther M. Jenkins.
(Address) Williamsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion, Md. Date Sept. 5th, 193419. UNDERTAKER J. T. Frampton & Son.
(Address) Federal Building, Md.20. FILED Sept. 4, 1934 Chas. W. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 3rd
(Month)
(Day)1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1933 to Sept. 31, 1934I last saw her alive on Sept. 30, 1934, death is said to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Edina Williamson
Leucer -

Other Contributory Causes of importance:

General Metastasis ?Applcation Return Aug 1933

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) J. T. Frampton M. D.(Address) Federal Building, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09162

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Dorchester

83

Registration Dist. No. 116

Village or City

Cambridge

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)
Eastern Shore State Hospital Ward

yrs. 3 mos. 27 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Perryville

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Clara B. Jackson

6. DATE OF BIRTH (month, day, and year)

January 17 1889

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

45

8

15

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Brakeman9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Penn R.R.10. Date deceased last worked at
this occupation (month and
year) about 5 yrs.11. Total time (years)
spent in this
occupation Unknown12. BIRTHPLACE (city or town)
(State or country)Northumberland
Pa

MOTHER FATHER

13. NAME James Trebs

14. BIRTHPLACE (city or town)
(State or country)Northumberland
Pa

15. MATURE NAME

Laura A. Pieper

16. BIRTHPLACE (city or town)
(State or country)

Winfield Pa.

17. INFORMANT Eastern Shore State Hosp Records
(Address)18. BURIAL, CREMATION, OR REMOVAL Cambridge
Place: Maryland Cemetery Date: Sept 18, 1934

19. UNDERTAKER Perryville, Md.

20. FILED 9-17, 1934 Dr. Charles L. Murphy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 16th, 1934
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
May 19th, 1934, to September 16, 1934.
I last saw him alive on September 16, 1934; death is said
to have occurred on the date stated above, at 9:30 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:General paresis
about 5 yrs

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Charles L. Murphy M. D.

(Address) Perryville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | OCT 4 1921 | 1921 |
| Cerebral hemorrhage | JULY 5, 1927 | |

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Ward 113
Registration Dist. No.
St., Ward

69163

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
about 45 Unknown 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date 9-18-34

19. UNDERTAKER

(Address)

20. FILED 9-18-34 Dr. Schenck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sep. 14, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 8, 1934, to Sept. 14, 1934

I last saw him alive on Sept. 14, 1934; death is said
to have occurred on the date stated above, at 6:10 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Generalized Abdominal
PeritonitisDate of onset
9/8/34

Other Contributory Causes of importance:

14. Punctured wounds of small & large intestine
(Bullet) Homicide

Name of operation Laparotomy + Enterotomy Date of 9/8/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/8, 1934

Where did injury occur? Cambridge Dorchester C. Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Place

Manner of injury Gunshot (Pistol) wound of abdomen

Nature of injury Perforation of large & small intestine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Baltimore, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|--|
| Gallstones | |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 1 week ago |
| | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

091C4

1. PLACE OF DEATH

County Dorchester

Village or City Mr. Cambridge, Md.Registration Dist. No. I 16

St. _____ Ward _____

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Leffingwell.

(a) Residence: No. Cambridge R.F.D. Md. St. X Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
|--------------------|-------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine D. Clark.

6. DATE OF BIRTH (month, day, and year) III/26/1866.

| | | | |
|------------------------|-----------------|----------------|--|
| 7. AGE <u>67</u> Years | Months <u>9</u> | Days <u>II</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|-----------------|----------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Printer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X
10. Date deceased last worked at this occupation (month and year) 1927.. 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Old Point Comfort
(State or country) Va.13. NAME William Leffingwell.14. BIRTHPLACE (city or town) Erie,
(State or country) Pa.15. MADIOEN NAME Laura Lewis16. BIRTHPLACE (city or town) Erie,
(State or country) Pa.17. INFORMANT Mrs. Katherine Leffingwell
(Address) Cambridge R.F.D. Md.18. BURIAL, CREMATION, OR REMOVAL
Philadelphia, Pa. Date 9/10/34.19. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED 9-8, 1934 Silent M. Fair
Registrar.

(13)

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 7th, 1934 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from June 19, 1934, to September 7, 1934. I last saw him alive on Sept. 7, 1934; death is said to have occurred on the date stated above, at 7:05 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial insufficiency Date of onset
Hypertension ?
Acute myocardial failure 9-6-34

Other Contributory Causes of importance:

Chronic diffuse nephritis ?

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Wylie M. Fair M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09165

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City N.R. Cambridge

Length of residence in city or town where death occurred 4 yrs. 5 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

82-101

Registration Dist. No.

115

Ward

No. Eastern Shore State Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Eddie Mason

(a) Residence: No. Nr. Pocomoke City, Md.
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Unknown 1878

| | | | |
|--------------|--------|------|--|
| 7. AGE Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| About 56 | | | |

| | |
|--|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. | None |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | None |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| Has never worked | Life |

12. BIRTHPLACE (city or town)
(State or country) Worcester County
Md.

13. NAME Riley Mason

14. BIRTHPLACE (city or town)
(State or country) Unknown
Md.

15. MAIDEN NAME Becky Tatman

16. BIRTHPLACE (city or town)
(State or country) Unknown
Md.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Goodwill Cemetery Date Sept. 5, 193419. UNDERTAKER George F. Stevenson
(Address) Worcester County, Md.20. FILED Sept. 5, 1934 Dr. G. H. Hart, Director
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 4, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1930, to September 4, 1934. I last saw him alive on September 4, 1934; death is said to have occurred on the date stated above, at 10:35P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

14 das.

ago

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John J. Farley M. D.
(Address) 16 Calvert Avenue, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09166

1. PLACE OF DEATH

County

Worchester

59

Registration Dist. No.

III

Village or City

East New Market

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

ys.

mos.

ds.

ys.

mos.

ds.

ys.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John Mc Allen

6. DATE OF BIRTH (month, day, and year)

Sept 3 1861

7. AGE

Years
73

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

House work

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

FATHER

13. NAME

William Malone

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Sarah Phipps

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

Mrs. Wm Collings

18. BURIAL, CREMATION, OR REMOVAL

Place:

East New Market

Date:

Sept 16 1934

19. UNDERTAKER

(Address)

H. E. Williams

20. FILED

Date:

Sept 15 1934 - H. E. Phipps

Registrar:

M
MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

9
(Month)13
(Day)1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

1934, to 1934, 1934; death is said

I last saw him alive on Sept 15, 1934; death is said

to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Died in diabetic coma
Diabetes

Date of onset

Other Contributory Causes of importance:

Diabetes

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

E. Roger Myers

M. D.

(Address) 1100 block 3rd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09157

1. PLACE OF DEATH

County

Overchurch

46

Registration Dist. No.

116

Village or City

Cambridge R20 #2

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Kathie R. McKnott

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas McKnott

6. DATE OF BIRTH (month, day, and year)

March 16 - 1869

7. AGE

Years
64Months
6Days
1If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

at home

10. Date deceased last worked at
this occupation (month and
year)July
193411. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER FATHER

13. NAME

John W. Robison

Md.

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Frances Respitch

Md.

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

(Address)

Mrs. McKnott

Cambridge R20

18. BURIAL, CREMATION, OR REMOVAL

Place

Date
Aug. 19, 1934

19. UNDERTAKER

(Address)

H. H. Willoughby

A.葬儀室 - Md.

20. FILED

Date

9-19, 1934 Dr. L. L. Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug.

#17

1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 9, 1934, to Aug. 16, 1934

I last saw h. e. alive on Aug. 16, 1934; death is said
to have occurred on the date stated above, at 7:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cause of
deceased of
Diseased primaryDate of onset
cont
9/7

Other Contributory Causes of importance:

None

Date of

None

Was there an autopsy?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

John Steele
Cambridge Md.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| STATE OF MARYLAND—CERTIFICATE OF DEATH | | | 09168 |
|---|------------------|---|---|
| LIMITS OF CORPORATE PLACE OF DEATH | | | (13) |
| County | | Dorchester | Registration Dist. No. |
| Village or City | | Cambridge, Md. | St., Ward |
| Length of residence in city or town where death occurred | | years | mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME | | Ashley J. Massie | |
| (a) Residence: No. | | 1302 Garrison | St., Ward. |
| | | (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3. SEX | 4. COLOR OR RACE | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | |
| Male | White | MARRIED | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | Alice Lyons | |
| 6. DATE OF BIRTH (month, day, and year) | | Sept 27 1874 | |
| 7. AGE | Years | Months | Days |
| 60 | | 8 | 10 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | | Boat Captain | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | | |
| 10. Date deceased last worked at this occupation (month and year) | | Can't say | |
| 11. Total time (years) spent in this occupation | | 40 yrs | |
| OCCUPATION | | | |
| 12. BIRTHPLACE (city or town) (State or country) | | Smith Island | |
| MOTHER | FATHER | John A. Lyons | |
| 13. NAME | | John A. Lyons | |
| 14. BIRTHPLACE (city or town) (State or country) | | Smith Island | |
| 15. MAIDEN NAME | | Helen Lyons | |
| 16. BIRTHPLACE (city or town) (State or country) | | Smith Island | |
| 17. INFORMANT (Address) | | Mrs. Geo. W. Dray | |
| 18. BURIAL, CREMATION, OR REMOVAL | | Cambridge, Md. | |
| Place | | Date | Sept 30, 1934 |
| 19. UNDERTAKER (Address) | | Frank E. Albaugh | |
| 20. FILED | | T-28, 1934, Registrar | |
| MEDICAL CERTIFICATE OF DEATH | | | |
| 21. DATE OF DEATH | | Sept 27, 1934 | |
| | | (Month) | (Day) |
| 22. I HEREBY CERTIFY, That I attended deceased from | | | |
| 19, to 19, 1934; death is said | | | |
| I last saw him alive on Sept 27, 1934; death is said | | | |
| to have occurred on the date stated above, at 9 A.M. | | | |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | | |
| Pulmonary Orduna | | | |
| Other Contributory Causes of importance: cardio-renal vascular disease | | | |
| Name of operation: none Date of: | | | |
| What test confirmed diagnosis?: none Was there an autopsy?: | | | |
| 23. If death was due to external causes (VIOLENCE) fill in also the following: | | | |
| Accident, suicide, or homicide? | | no Date of injury: 19 | |
| Where did injury occur? (Specify city or town, county and State) | | | |
| Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| Manner of injury: none | | | |
| Nature of injury: none | | | |
| 24. Was disease or injury in any way related to occupation of deceased? | | | |
| If so, specify: None | | | |
| (Signed) | | Lester L. Glazebrook, M. D. | |
| (Address) | | Cambridge, Md. | |

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|-------------------------|-----------------------|
| Arteriosclerosis | RECEIVED OCT 4 1931 | Date of onset 1915 |
| Chronic interstitial nephritis | OCT 4 1931 | 1921 |
| Cerebral hemorrhage | RECEIVED JULY 5 1927 | July 5, 1927 |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|------------|------------------------|------------------------------|
| Gallstones | RECEIVED MAY 1 1923 | Date of onset May 1, 1923 |
| | | |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09109

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester,

Village or City near Brookview,

Registration Dist. No. 110

93-2

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME J. Frank Milligan,

(a) Residence: No. Rhodesdale, Md. R.F.D. St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------|-------------------------|--|
| 3. SEX Male, | 4. COLOR OR RACE White, | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed, |
|--------------|-------------------------|--|

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

Sallie Ann Milligan, Dec'd

6. DATE OF BIRTH (month, day, and year) Mar. 4th. 1854

| | | | |
|-----------------|----------|---------|--|
| 7. AGE Years 80 | Months 6 | Days 12 | If LESS than 1 day, hrs. or min. |
|-----------------|----------|---------|--|

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| | Farmer. | |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) Sept. 14th. 1934 | 11. Total time (years) spent in this occupation Life |

12. BIRTHPLACE (city or town) Dorchester Co.

(State or country) Md.

13. NAME Isaac Milligan,

Dorchester Co.

(State or country) Md.

14. BIRTHPLACE (city or town) Dorchester Co.

(State or country) Md.

15. MAIDEN NAME Matilda Murphy,

Dorchester Co.

(State or country) Md.

16. BIRTHPLACE (city or town) Mrs. Lester Timmons.

Hebron, Md.

(State or country) Md.

17. INFORMANT Mrs. Lester Timmons.

(Address) Hebron, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place McKendree Cemetery. Sept. 19th 1934

19. UNDERTAKER J. T. Frampton & Son,

Federalsburg, Md.

(Address) Federalsburg, Md.

20. FILED Sept. 18, 1934 Chas. W. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 16th. 1934 (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from Sept. 14, 1934 to Sept. 19, 1934. I last saw him alive on Sept. 11, 1934, death is said to have occurred on the date stated above, at 11-30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other Contributory Causes of importance:

Chronic Myocarditis.

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19_____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify _____

(Signed) *J. T. Frampton* M. D.
(Address) *Federalsburg*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|-----------------------------|
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | OCT 10 1928 July 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| Other contributory causes of importance: | Other contributory causes of importance: | |
|--|--|---------------------------|
| Gallstones | May 1, 1928 | Gastroenteritis 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09170

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County Dorchester

74a

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 119

Village or City Bishop Head No.

2 FULL NAME Merritt A. Moore

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

Male White

6 DATE OF BIRTH

May 8 1892

(Month) (Day) (Year)

7 AGE

42 yrs. 4 mos. 2 ds.

IF LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

Waterman -

aystoring etc

9 BIRTHPLACE

(State or country)

Dorchester County

10 NAME OF FATHER

Alfred V. Moore

11 BIRTHPLACE OF FATHER

(State or country)

Dorchester Co

12 MAIDEN NAME OF MOTHER

Angie V. Murphy

13 BIRTHPLACE OF MOTHER

(State or Country)

Dor. Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. E. Robinson

(Address) Federlville, Del

15

Filed Sept. 11 1934 Wilson A. Fritchett
Local Registrar

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 10, 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug. 16, 1934, to Sept. 9th, 1934, that I last saw him alive on Sept. 9th, 1934, and that death occurred on the date stated above, at 4 P.M. The CAUSE OF DEATH * was as follows:

Augura Pectoros

(Duration) 1 yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Fred P. Johnson M. D.

Sept. 10, 1934 (Address) Federlville, Del.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Church yard Sept. 11, 1934

20 UNDERTAKER

ADDRESS

Frank E. Albaugh Cambridge
Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinning, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicema," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

v. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09171

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 119Village or City Dorchester

St. _____ Ward _____

Length of residence in city or town where death occurred 31 yrs.No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Branice Robinson Parks

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married56. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofRosen Parks6. DATE OF BIRTH (month, day, and year) March 9, 18017. AGE Years Months Deys If LESS than
33 3 9 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)
(State or country) Dorchester13. NAME Branice M. Parks
14. BIRTHPLACE (city or town)
(State or country) Dorchester15. MAIDEN NAME Branice Robinson
16. BIRTHPLACE (city or town)
(State or country) Dorchester17. INFORMANT Rosen Parks
(Address) Dorchester18. BURIAL, CREMATION, OR REMOVAL
Place Dorchester Date Sept 4, 193419. UNDERTAKER Frank E. Albaugh
(Address) Canton20. FILED Sept 3, 1934 Wilson D. Pittman
(Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 3, 1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 31, 1934, to Sept. 3, 1934
I last saw her alive on Sept. 2nd, 1934; death is said
to have occurred on the date stated above, at 6 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Typhoid fever and
Enteritis

Date of onset

Other Contributory Causes of importance:

and asthma
and MeningitisName of operation none Date of 1934

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 1934

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank J. Dunn
(Address) Dr. Frank J. Dunn

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

| RECEIVED | |
|------------|--|
| Oct 3 1934 | |
| RECEIVED | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| RECEIVED | |
|------------|--|
| Oct 3 1934 | |
| RECEIVED | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Letter filed 10/12/34 under Dr. C. A. Jones certifying
surname from Roberson to Parks.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Dorchester

(13)

Registration Dist. No.

09172

116

Village or City

Cambridge Md

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Lydia C. Paul

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

White

widow

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

Charles W. Paul

6. DATE OF BIRTH (month, day, and year)

Dec 27, 1867

7. AGE

Years

66

Months

9

Days

7

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore

Md

FATHER

13. NAME

John James

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Amanda Cook

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Mrs Sutton Thompson

18. BURIAL, CREMATION, OR REMOVAL

Place

Cambridge Md

Data

Sept 6, 1934

19. UNDERTAKER

(Address)

Lydia E. Albany

20. FILED

Date

Sept 6, 1934

D. Height Meekins

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 4

(Month)

1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 28, 1934, to Sept 4, 1934

I last saw her alive on Sept 4, 1934; death is said
to have occurred on the date stated above, at 1 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Central Hemorrhage

8/28/34

Other Contributory Causes of Importance:

Hypertension Cardio
vascular disease

Name of operation

Date of

What test confirmed diagnosis?

Spann

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John Wood

M. D.

(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

5 00
3 10
7 50
12

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED |
|--------------------------------|------------|
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | OCT 4 1934 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09173

116

1. PLACE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Dorchester

Village or City MR Cambridge

Registration Dist. No.

No. Eastern Shore State Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Seth Ruark

(a) Residence: No. Salisbury, Md.
(Usual place of abode)

St. Ward.

N.C.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
|-------------|------------------------|---|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

| | |
|---|--|
| 6. DATE OF BIRTH (month, day, and year) Unknown | 1856 |
| 7. AGE About 78 | Years Months Days |
| | If LESS than 1 day, hrs. or min. |

| | |
|---|--|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Farmer |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Unknown |
| 10. Date deceased last worked at this occupation (month and year) Unknown | 11. Total time (years) spent in this occupation Life |

| | |
|---------------------------------------|--|
| 12. BIRTHPLACE (city or town) Unknown | (State or country) Worcester Co., Maryland |
|---------------------------------------|--|

| | |
|--|---------------|
| 13. NAME Parker Ruark | MOTHER FATHER |
| 14. BIRTHPLACE (city or town) Worcester County | Md. |

| | |
|-------------------------|--|
| 15. MAIDEN NAME Unknown | 16. BIRTHPLACE (city or town) Worcester County |
|-------------------------|--|

| |
|------------------------|
| (State or country) Md. |
|------------------------|

| |
|-------------------------------|
| 17. INFORMANT H.S.S. Hospital |
|-------------------------------|

| |
|--------------------------|
| (Address) Cambridge, Md. |
|--------------------------|

| |
|--|
| 18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 9/12, 1934 |
|--|

| |
|---|
| 19. UNDERTAKER (Address) Charles L. Ruark |
|---|

| |
|--|
| 20. FILED 9-11-1934 by G.G. Shuler Registrar |
|--|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 9, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to Sept. 9, 1934

I last saw him alive on Sept. 9, 1934; death is said to have occurred on the date stated above, at 10:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Arterio-sclerosis

Date of onset
8 yrs.
ago

Other Contributory Causes of importance:

Fracture of Left Hip

8/15/34

Name of operation Date of...

What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/15/1934

Where did injury occur? Cambridge, Dorchester Co., Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Eastern Shore State Hospital

Manner of Injury Fall on floor

Nature of injury Fracture of Left Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles L. Ruark M.D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09174

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeLength of residence in city or town where death occurred 52 yrs. 9

No.

Registration Dist. No.

116

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 1 ds. How long in U.S. if of foreign birth? 1934 yrs. 0 mos. 0 ds.2. FULL NAME George StClair(a) Residence: No. 301 (Name)

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MARRIED6e. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofElmer StClair

6. DATE OF BIRTH (month, day, end year)

Dec. 25, 1877

7. AGE

56

Years

9

Months

1

Days

1If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

WarterTrade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Sept 193411. Total time (years)
spent in this
occupation 30

12. BIRTHPLACE (city or town)

MdCambridge

MOTHER

FATHER

13. NAME

Cyrus StClair

14. BIRTHPLACE (city or town)

MdCambridge

(State or country)

15. MAIDEN NAME

Nicie James

16. BIRTHPLACE (city or town)

MdCambridge

(State or country)

17. INFORMANT

Cyrus StClair Jr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cambridge

(Place)

Date 9-30, 1934

19. UNDERTAKER

J.W.M. StClair

(Address)

20. FILED

9-30

(Date)

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September221934
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
and my arrival, 19_____

I last saw h. _____ alive on _____, 19_____; death is said

to have occurred on the date stated above, at 6:50 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Crony Thrombosis
(Sudden Death)Date of onset
9-26-34August married by
Asst. Gaunt P.G.

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? scopyWas there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) George StClair

M. D.

(Address) One Cedar St

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED | Date of onset |
|--------------------------------|------------|---------------|
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | OCT 1 1921 | July 5, 1927 |

| Other contributory causes of importance: | RECEIVED | Date of onset |
|--|----------|---------------|
| Gallstones | | May 1, 1923 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09175

1. PLACE OF DEATH

County Dorchester
Village or City Hurlock

173

Registration Dist. No. 110Length of residence in city or town where death occurred yr

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos.

2. FULL NAME

(a) Residence: No. 7 Hurlock

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male Black Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 24 1907

7. AGE

Years 27Months yrDays 7If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationLaborer
Canning Factory

12. BIRTHPLACE (city or town)

(State or country)

Unknown

MOTHER FATHER

13. NAME

William Scott

14. BIRTHPLACE (city or town)

(State or country)

Virginia

15. MAIDEN NAME

Ellen Dudley

16. BIRTHPLACE (city or town)

(State or country)

Va

17. INFORMANT

(Address)

Jack Wilson
Cheapside Va

18. BURIAL, CREMATION, OR REMOVAL

Place

Cheapside Va
Sept 11, 1934

19. UNDERTAKER

(Address)

J. L. Morris & Sons
Cheapside

20. FILED

Date

Sept 10, 1934
Chas W. Haslett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 8

(Month)

(Day)

1934 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Held in my pocket over body

I last saw h. alive on

to have occurred on the date stated above, at 8 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Caused by a bullet
wound in the left leg
Bullet went left lung
Death due to internal hemorrhage
The shooting was homicidal

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No accident Date of injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury stated aboveNature of Injury "

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

M. O. _____
(Address) Haslett

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|---------------------|-----------------------|
| Arteriosclerosis | RECEIVED OCT 8 1924 | Date of onset 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | RECEIVED V. S. | July 5, 1927 |
| | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09176

1. PLACE OF DEATH

County

Hoboken

(173)

Registration Dist. No.

110

Village or City

Harlock

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

d.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male Black

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 16 1909

7. AGE

Years
25

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

No data

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)albert glasner
East New Market

18. BURIAL, CREMATION OR REMOVAL

Place _____ Date _____

Sept 17 1934

19. UNDERTAKER
(Address)B. B. Wilcock & Sons
East New Market

20. FILED

Sep 17 - 34 Chas H. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9
(Month)16
(Day), 1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

no cause, 1934, to no time, 1934

I last saw him alive on Sept 16, 1934; death is said
to have occurred on the date stated above, at 11 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Gun shot wound of chest
by person unknown
(Homicide or murder)

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roger Myers
(Address) Harlock Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|-----------------------|
| Arteriosclerosis | RECEIVED | Date of onset 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | OCT 6 1924 | July 5, 1927 |

BUREAU V. S.

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0917

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Nr. Cambridge

Length of residence in city or town where death occurred 2 yrs. 9 mos. 19 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(52)

Registration Dist. No.

No. Eastern Shore State Hospital

Ward

2. FULL NAME

Horace Spence

(a) Residence: No. Centreville, Md.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28, 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, or min. |
|--------|-------|--------|------|--------------------------------------|
| 53 | 3 | 9 | | |

| | | |
|------------|---|------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | None |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | None |
| | 10. Date deceased last worked at this occupation (month and year) | None |
| | 11. Total time (years) spent in this occupation | Life |

12. BIRTHPLACE (city or town)
(State or country) Nr. Bridgeville

Del.

13. NAME James Spence

14. BIRTHPLACE (city or town)
(State or country) Unknown Maryland

15. MAIDEN NAME Esther Morris

16. BIRTHPLACE (city or town)
(State or country) Unknown Delaware

17. INFORMANT E.S.S. Hospital Records

(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Recusatory Date Sept 10th 34

19. UNDERTAKER John D. Willigan

(Address) Custom 2nd

20. FILED 9-7-34 D. G. L. M. N. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 7, (Month), 1934 (Year)

22. I HEREBY CERTIFY. That I attended deceased from November 18, 1931, to Sept. 7, 1934.

I last saw him alive on Sept. 7, 1934; death is said to have occurred on the date stated above, at 12:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Left Popliteal Region and Groin 4 yrs ago

Epithelioma: primary in skin of left popliteal region. Later involving all the tissues.

Other Contributory Causes of importance:

Metastasis in left groin. Duration: Four years. Curly P.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Charles Lapierre M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED | Date of onset |
|--------------------------------|------------|---------------|
| | | 1915 |
| Chronic interstitial nephritis | OCT + 1934 | 1921 |

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| Other contributory causes of importance: | |
|--|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09178

1. PLACE OF DEATH

County

Worcester

159

Registration Dist. N^d.

110

Village or City

El Dorado

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Infant, Stack

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male White Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 28th 1934

7. AGE

Years

Months

Days

If LESS than
1 day, 23 hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

(INFANT)

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

El Dorado

Md.

12. BIRTHPLACE (city or town)
(State or country)

MOTHER

FATHER

13. NAME

Frederick Norman Stock

14. BIRTHPLACE (city or town)
(State or country)

Delaware

15. MAIDEN NAME

Elsie Marie Taylor

16. BIRTHPLACE (city or town)
(State or country)

Delaware

17. INFIRMANT

Frederick Norman Stock

(Address)

El Dorado. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Sept. 30th 1934

19. UNDERTAKER

Frederick N. Stock

(Address)

20. FILED

Sept. 30 1934 Chas. W. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 29

(Month)

(Day)

1934
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 28, 1934, to Sept 29, 1934

I last saw him alive on Sept 29, 1934; death is said

to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Premature birth

Date of onset

9-28-34

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Bruce Barnes

M. D.

(Address) El Dorado, Delaware

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09179

1. PLACE OF DEATH

County Dorchester
Village or City CambridgeRegistration Dist. No. 116

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Name Eastern Shore State HospitalLength of residence in city or town where death occurred yrs. 3 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Concord - Caroline County (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife) widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Stanley6. DATE OF BIRTH (month, day, and year) March 10-18467. AGE Years 88 Months 6 Days 3 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Housework
9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc. Own home
10. Date deceased last worked at this occupation (month and year) about 5 years ago 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town)
(State or country) Harpington
Delaware13. NAME William Henry Thomas
14. BIRTHPLACE (city or town)
(State or country) Harpington
Delaware15. MAIDEN NAME Mary Mahala
16. BIRTHPLACE (city or town)
(State or country) Harpington
Delaware17. INFORMANT Eastern Shore State Hospital Record
(Address) Cambridge, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Cremated Date Sept. 15, 193419. UNDERTAKER J. E. Eddison
(Address) Cambridge, Maryland20. FILED 9-15-1934 Charles L. Parker
(Signed) Registrar (Address) Cambridge, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 10th
(Month) 1934 (Year)22. I HEREBY CERTIFY That I attended deceased from May 18th, 1934, to September 13th, 1934. I last saw her alive on September 12, 1934, death is said to have occurred on the date stated above, at 7:15 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Cerebral arteriosclerosis about 5 years ago Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Charles L. Parker (Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | | |
|--------------------------------|--------------|---------------|--------------|
| Arteriosclerosis | OCT 4 1924 | Date of onset | 1915 |
| Chronic interstitial nephritis | OCT 4 1924 | Date of onset | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | Date of onset | July 5, 1927 |
| | | | |
| | | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|---------------|------------|
| Attack of epilepsy | Date of onset | 1 week ago |
| Run over by street car | Date of onset | 1 week ago |
| Peritonitis | Date of onset | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09186

1. PLACE OF DEATH

County Dorchester

92-a

Registration Dist. No. 111Village or City East New Market

St. _____ Ward. _____

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Thomas Thomas

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>retired civil war veteran</u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country)Md

MOTHER FATHER

| |
|---|
| 13. NAME <u>Samuel Thomas</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>Md</u> |
| 15. MAIDEN NAME <u>Mary Wickes</u> |

16. BIRTHPLACE (city or town)
(State or country)Md17. INFORMANT Jake Thomas
(Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Date Sept 7, 193419. UNDERTAKER H. H. Willoughby
(Address) East New Market20. FILED Sept 7, 1934 - H. E. Parker
Registrar. T. J. Murphy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept

(Month)

X

(Day)

1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Did not attend him, 19I last saw h. alive on _____, 19_____, death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aortic Insufficiency

Data of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. G. Murphy M. D.(Address) Dunkirk

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09181

1. PLACE OF DEATH

County

Dorchester

131

Registration Dist. No.

116

Village or City

Cambridge

St. 2 Ward

Length of residence in city or town where death occurred

25 yrs

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 69 yrs.

mos. de.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Min St. 2 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

Hester Ridout

6. DATE OF BIRTH (month, day, and year)

7. AGE 69 Years Months Days If LESS than
unkn. 1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. General9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Laborer10. Date deceased last worked at
this occupation (month and
year) 7-7-193412. BIRTHPLACE (city or town)
(State or country)

Montgomery

and

13. NAME Robert Thompson

Montgomery

and

14. BIRTHPLACE (city or town)
(State or country)

Montgomery

and

15. MAIDEN NAME Hester Ridout

Montgomery

and

16. BIRTHPLACE (city or town)
(State or country)

Montgomery

and

17. INFORMANT Harry Thompson

8 Colmar Street

and

18. BURIAL, CREMATION, OR REMOVAL

Burial

and

Place Cambridge

Date Sept 11, 1934

and

19. UNDERTAKER Harry Hodder

229 Pagan St.

and

20. FILED 9-11, 1934 by Subject M.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 8th
(Month) 1934
(Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 15, 1934 to Sept 8th, 1934

I last saw him alive on Sept 7th, 1934. Death is said to have occurred on the date stated above, at 6 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Bright's Disease

Other Contributory Causes of Importance:

None

Name of operation Done Date of

What test confirmed diagnosis? Done Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Done Date of injury Done

Where did injury occur? Done

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Done

Manner of injury Done

Nature of injury Done

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Done

(Signed) M. D.

(Address) Done

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|-----------------------|
| Arteriosclerosis | RECEIVED | Date of onset 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | OCT 4 1934 | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69182

1. PLACE OF DEATH

County CambridgeVillage or City CambridgeLength of residence in city or town where death occurred NoneRegistration Dist. No. 116No. Cambridge Hospital St., Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Infant Journal

Cambridge, Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNone

6. DATE OF BIRTH (month, day, and year)

9/14/34

7. AGE

Years 5Months moDays abortionIf LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. None10. Date deceased last worked at
this occupation (month and
year) 5 mo ago11. Total time (years)
spent in this
occupation 5 mos

12. BIRTHPLACE (city or town)

(State or country) Cambridge

MOTHER

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)

(State or country) None15. MAIDEN NAME Ethel Journal

16. BIRTHPLACE (city or town)

(State or country) Cambridge

17. INFORMANT

(Address) Sister Roberta

18. BURIAL, CREMATION, OR REMOVAL

Place Disposed at HospitalDate 9-14-34

19. UNDERTAKER

(Address) Dykes - Cambridge

20. FILED

(Date) 9-14-34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9
(Month)14
(Day)4
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept 14, 1934 to Sept 14, 1934I last saw her alive on Sept 14, 1934; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

abortion 5 mos

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Specm Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Data of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John Wood M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09193

1. PLACE OF DEATH

County

Dorchester

183

Registration Dist. No.

115

Village or City

Huntington

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofhad been
Unknown

6. DATE OF BIRTH (month, day, and year)

about 1884

7. AGE Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

About 50 years

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Unknown

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Huntington, Md. Date Sept. 10, 1934

19. UNDERTAKER

(Address)

20. FILED

Date Sept. 9, 1934

Name James W. Meade

Signature

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Body found Sept. 9, 1934
dead about 3 days. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Disease known to me body, 19

I last saw him alive on Sept. 9, 1934. Death is said
to have occurred on the date stated above at 5 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Drowning
Probably Accidental

Other Contributory Causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Probably Date of injury _____, 19____

Where did injury occur? Chesapeake Bay
(Specify city or town, county and state)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Chesapeake Bay

Manner of injury Accidental drowning

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? unknown

If so, specify

(Signed) James W. Meade, M.D.
(Address) Fishburn Creek, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09184

1. PLACE OF DEATH

County Dorchester,
Village or City Finchville,

93-2

Registration Dist. No. 110

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Virginia Wheatley,

(a) Residence: No. Federalburg, Md. R.F.D. St.,
(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------|-------------------------|--|
| 3. SEX Female, | 4. COLOR OR RACE White, | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed, |
|----------------|-------------------------|--|

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Greenbury Wheatley, Dec'

6. DATE OF BIRTH (month, day, and year)

Feb. 17th. 1854

| | | | |
|-----------------|----------|---------|-------------------------------------|
| 7. AGE Years 80 | Months 6 | Days 22 | If LESS than 1 day, hrs. or... min. |
|-----------------|----------|---------|-------------------------------------|

| | |
|--|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. | House-work, |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation life. |

12. BIRTHPLACE (city or town)
(State or country) Dorchester Co. Md.

13. NAME Sylvester Howeth,
Dorchester Co. Md.

14. BIRTHPLACE (city or town)
(State or country) Dorchester Co. Md.

15. MAIDEN NAME Sarah Lewis,
Dorchester Co. Md.

16. BIRTHPLACE (city or town)
(State or country) Dorchester Co. Md.

17. INFDRMANT Risdon L.J. Smith,
(Address) Federalburg, Md. R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL
Place Cokesbury, Md. Date Sept. 11, 1934

19. UNDERTAKER J.T. Frampton & Son,
(Address) Federalburg, Md.

20. FILED Sept 11, 1934 Chas H. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 9th. 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw her alive on Sept 6, 1934, to Sept 6, 1934; death is said

to have occurred on the date stated above, at 11-50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ango Carditis - : chronic
Duration: two years. *Sev. Q.*

Other Contributory Causes of Importance:
acute Pulmonary
Edema -

Name of operation *hmv* Date of *7*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of Injury *-*

Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Chas H. Hastings*

(Signed) *Chas H. Hastings* M. D.

(Address) *Federalburg, Md.*

V. S. No. 1
MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|-------------------------------|--|--------|
| The principal cause of death and related causes of importance were as follows: | <i>RECEIVED</i> OCT 6 1934 | Date of onset | |
| Arteriosclerosis | 1915 | | |
| Chronic interstitial nephritis | 1921 | | |
| Cerebral hemorrhage | July 5, 1927 | | |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09185

1. PLACE OF DEATH

County DorchesterVillage or City E. S. S. H. CambridgeLength of residence in city or town where death occurred 11 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 11 CWard Eastern Shore State HospitalHow long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME James Graybe Wilson(a) Residence: No. Tilghman's Island
(Usual place of abode)St. Salisbury Ward. Talbot County

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> |
|--------------------|-------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of

| | | | |
|---|--|------------------|----------------|
| 6. DATE OF BIRTH (month, day, and year) | <u>Sept. 11-1900</u> | | |
| 7. AGE | Years <u>33</u> | Months <u>11</u> | Days <u>23</u> |
| | If LESS than 1 day, _____ hrs. or _____ min. | | |

| | | | |
|---|---|--|--|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>Farm Hand</u> | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | | |
| 10. Date deceased last worked at this occupation (month and year) | <u>Unknown</u> | | |
| | 11. Total time (years) spent in this occupation <u>Life</u> | | |

12. BIRTHPLACE (city or town)
(State or country) Maryland (Talbot Co.)13. NAME Joseph H. Wilson14. BIRTHPLACE (city or town)
(State or country) Ireland15. MAIDEN NAME Mary E. Trice16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT E. S. S. Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Tilghman Date Sept. 6th, 193419. UNDERTAKER Newman & Harrison
(Address) 17 Main Street Md20. FILED 9-4-1934 Dr. Gilbert Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 4, 193422. I HEREBY CERTIFY, That I attended deceased from October 3, 1929, to September 4, 1934I last saw him alive on September 4, 1934; death is said to have occurred on the date stated above, at 11:12 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset May 1934Other Contributory Causes of importance:
Acute Nephritis 1 month

Name of operation

What test confirmed diagnosis? Physical Examination Date of
Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J. Gaffey M. D.
(Address) E. S. S. Hospital Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| GALLSTONES | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN